

FORM CAB-AG-1

APPLICATION FOR AGRICULTURAL BURNING PERMIT

In Accordance with Hawaii Administrative Rules, Title 11,
Chapter 60.1, Air Pollution Control

I. General Information:

- A. Permit to be Issued to: _____
Name of Business: _____
(corporation, company, government agency, etc.)
- B. Mailing Address: _____
- C. Individual Authorized to Act for Applicant:
Name: _____ Title: _____
Address: _____
Telephone (DAYTIME): _____
- D. Nature of Business: _____
- E. General Excise Tax License Number: _____
- F. Number of Acres to be Cleared and Burned: _____

II. Specific Information:

- A. Detailed Information of Burn Location Address & Island:

- B. Submit a map showing the area(s) to be burned and include the following information:
1. Designation of fields by appropriate numbers and acreage.
 2. Direction of prevailing wind.
 3. Include street names, location of residential dwellings, schools, commercial establishments, public buildings, airports, and major highways adjacent to the area(s) to be burned.
- C. Property Information:

You must have the legal right, title, or possession to the property listed in Item II.A. and II.B. and if not the owner of the property, have the owner's written authorization to burn on said property, as described in this agricultural permit application.

Owner of the property: Yes _____ No _____

If "no," who is the owner: Name: _____
Address: _____
Phone No. _____

Are you leasing the property: Yes _____ No _____ Expiration _____

If "no," what is your legal right to the property? Explain: _____

D. Reason for Burning: _____

E. Description of Materials to be Burned: _____

III. _____ Proposed Starting Date of Burning:

(Month)

(Day)

(Year)

Attach proposed burning schedule for multiple burnings.

IV. _____ Certification:

I _____ , _____
(print name) (print title)

state that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the operation for which application is made will not in any way violate any law, rule, ordinance, or decree of any duly authorized governmental entity having jurisdiction.

Date: _____ Signature: _____

Title: _____

Amount of Filing Fee Enclosed: \$ _____

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V. Date application received: _____

VI. Application No.: App# _____

VII. Evaluation Official: _____

VIII. Action on Application: Approved _____ Date _____

Disapproved _____ Date _____

IX. Comments: _____

X. Permit No.: AGP- _____

Expiration Date: _____

XI. Last Year's Permit No.: AGP- _____

Expiration Date: _____